

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

520

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

ST-28364 XC-4 724 900

1. **FILED** MAY 31 1962

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **ST. LOUIS, MISSOURI**

Length of stay in lb
19 DAYS

c. CITY
OR
TOWN **PITTSFIELD**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **VAH, 915 N. GRAND AVE.**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
127 W. FAYETTE

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
BERNARD C. MC GARY

4. DATE
OF
DEATH

Month Day Year
5/21/62

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/9/1900

9. AGE (last birthday)

61

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

PITTSFIELD, ILLINOIS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

PATRICK T. MC GARY

13b. MOTHER'S MAIDEN NAME

ANNA CARROLL

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

BLANCHE MC GARY (SISTER) SEE #2

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

GASTRIC ULCER, MASSIVE HEMORRHAGE

INTERVAL BETWEEN
ONSET AND DEATH
4 DAYS

DUE TO (b)

ABDOMINAL CARCINOMATOSES

4 MONTHS

DUE TO (c)

CARCINOMA COLON

153.8

2 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour - Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. **///** attended the deceased from **5/2/62** to **5/21/62** and last saw **him** alive on **5/21/62**
Death occurred at **12:20 AM.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

RICHARD K. DAVIS (or title)

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

5/22/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

5-23-62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

Pittsfield, Illinois.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Plattner Funeral Home, Pittsfield, Ill.

25. DATE RECD. BY LOCAL REG.

MAY 22 1962

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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29120

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123-0

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80

JUN 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley H. Ripon

Licensed Embalmer No.

41913

P. O. Address

S. J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.